

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PARTI LOBBYIST NAME(Last) (First) (Middle) TELEPHONE Dang S.C. 521-8521 Marvin MAILING ADDRESS (Street) FAX P.O. Box 4109 521-8522 (City) (State) (Zip Code) Honolulu 96812-4109 Hawaii EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE 521-8521 Law Offices of Marvin S.C. Dang, a Limited Liability Law Company MAILING ADDRESS (Street) FAX P.O. Box 4109 521-8522 (City) (State) (Zip Code) 96812-4109 Honolulu Hawaii

PART II ORGANIZATIO	ON		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
VISA, Inc.	(202) 296-9230		
MAILING ADDRESS (Street)	FAX		
1300 Connecticut Avenue, NW, Suite 900		(202) 862-5498	
(City)	(State)	(Zip Code)	
Washington	D.C.	20036	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		NT TELEPHONE	
Marvin S. C. Dang	521-8521		
MAILING ADDRESS (Street)		FAX	
P.O. Box 4109		521-8522	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96812-4109	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections			
PART IV CERTIFICATION	ON OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and co- //2//3 (Signature of Lobbyist) (Date)		1/13			
	(Digitalian Con Ecologist)		=		
	ON TO LOBBY				
NAME		TITLE OF AUTHORIZING OFFICER	OR PERSON REPRESENTED		
Paul Russinoff, VP, State F	Relations				
NAME OF ORGANIZATION (if applicable)		TELE	TELEPHONE		
VISA, Inc.		(20	(202) 296-9230		
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1300 Connecticut Avenue, NW, Suite 900			2) 862-5498		
(City)	(State)	(Zip Code)			
Washington	D.C.	20036			
()()	above - named person to engage		7//.5		